

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

APPLICATION FOR CERTIFICATION AS A RADON MEASUREMENT BUSINESS

1. TYPE OF APPLICATION: ☐ **INITIAL** ☐ **RENEWAL**

If Renewal, current certification number: **RMB-**_____

2. APPLICANT:

Name of Firm: _____

Street: _____ Telephone No. _____

City/Town: _____ State: _____ Zip: _____

Mailing Address if Different: _____

3. THE APPLICANT IS:

☐ An Individual ☐ A Corporation ☐ A Partnership

☐ An Unincorporated Association _____ Other (Specify)

4. RADON MEASUREMENT SERVICES REQUESTED:

Check all measurement techniques and services offered:

☐ Charcoal Adsorption ☐ Alpha Track ☐ Continuous Radon Monitor

☐ Continuous Working Level Monitor ☐ Electret Ion Chamber

☐ Liquid Scintillation ☐ Water

5. ATTACHMENTS:

☐ Attach a description of the quality assurance and quality control plans for each service and technique provided.

☐ Attach a copy of the certificates of all radon measurement consultants employed or used as consultants.

☐ Attach a copy of all sample reporting forms used to inform clients of measurement results, including any guidance concerning the need for further measurements and/or mitigation.

☐ Attach a description of the health and safety program to estimate employee's exposure to radon during employment.

6. CERTIFICATION/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently holds a radon measurement business certification or other authorization to perform radon measurements. Attach copies of all such certifications and/or authorizations.

7. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

Are there any outstanding or past enforcement actions by a federal, state or local jurisdictions in conjunction with a radon measurement service performed by the applicant?

() Yes () No

If yes, provide details.

8. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN) or
Federal Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

PLEASE NOTE: If you are a sole proprietor of a facility or business, then you must supply your Social Security Number (SSN). If you are an individual representing a facility or a business that is seeking licensure, then you must supply the Federal Employer Identification Number (FEIN) for the facility or the business.

Send completed application, attachments, and a one hundred fifty dollar (\$150) fee* payable to GENERAL TREASURER, STATE OF RHODE ISLAND to:

**Rhode Island Department of Health
Office of Occupational and Radiological Health
3 Capitol Hill, Room 206
Providence, Rhode Island 02908-5097**

***fee must be paid by check or money order.**
